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CONFIRMATION NO. 4436

<b>SERIAL NUMBER</b> 10/713,917	<b>FILING OR 371(c) DATE</b> 04/08/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> MDXVA-21US
<b>APPLICANTS</b> Joseph P. McGurk, Mason, OH;				
<b>** CONTINUING DATA *****</b> none <i>FSB</i>				
<b>** FOREIGN APPLICATIONS *****</b> none <i>FSB</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 06/09/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 13 <b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 26875				
<b>TITLE</b> Safety needle and catheter assembly				
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	